

# Congressman Jim Cooper

Proudly Serving Tennessee's Fifth District

## Internship Application

#### **PART I: Personal Information**

Name:		
Permanent Address:		
·		
Phone Number: ()	Email:	
College or University:		
School Address:		
Academic Year:		
Major:		
Expected Graduation Date:		
In which office(s) would you prefer to inte	ern?	
District Office D.C. Office	ce	Either
Please specify when you would like an inte	ernship:	
Winter/Spring (Jan-May)	Fall (Sept-	-Dec)
Summer (j	please rank belo	w)
Session I (May 19 - July3)	Session II	(July 8 – Aug. 15)
Are you planning to receive academic cred	lit for this intern	ship?
If YES, the number of course credits you a	anticipate:	
Program Coordinator:		Phone: ()

<sup>\*</sup> Please include a copy of course requirements/expectations.

How did you learn about this program?	
Describe your familiarity with computers, list specific software knowledge: _	

### PART II: On a separate piece of paper, please respond to each of the following in no more than 400 words:

- 1. Why do you want to intern for Congressman Cooper and what do you hope to gain from the experience?
- 2. Please describe an experience that has shaped you either personally or professionally.

PART III: Please attach a resume, a recent transcript and at least one letter of recommendation.

Return the completed form and attachments to:

#### U.S. Representative Jim Cooper

Attn: Allison Bates, Intern Coordinator 1536 Longworth House Office Building Washington, D.C. 20515 Fax: 202-225-4311

allison.bates@mail.house.gov

\*\*\*Please be advised that mail service to Capitol Hill is delayed due to current security measures. We strongly urge applicants to send their application via fax or email.